

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Barton
 Township Doylesport
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 48-1
 Primary Registration District No. 5068

File No. 37034
 Registered No. _____

2. FULL NAME Samuel Hall

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Barbara Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2nd, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 9 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Paulding Co, Ohio
 (STATE OR COUNTRY)

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY)

17. INFORMANT W.M. Hall
 (ADDRESS) Lamar, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nich Cemetery DATE 11-8-37
Near Lamar, MO.

19. UNDERTAKER River Funeral Home
 (ADDRESS) Lamar, MO.

20. FILED 11/10/37 Harvey B. Wiley
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from October, 1935, to November 6, 1937

I last saw him alive on Nov 6, 1937. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease Date of onset 15 yrs

(terminal bronchial pneumonia)

Other contributory causes of importance: Diabetes mellitus 15 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James A. Atkins, M. D.

(Address) Lamar, Missouri

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

